

**U.S. Department of Justice  
United States Marshals Service**

**PLAINTIFF**  
**UNITED STATES OF AMERICA**

**DEFENDANT**  
**ANTHONY BUCCI**

**COURT CASE NUMBER**  
**No. 04-10194-RCL**

**TYPE OF PROCESS**  
**Preliminary Order of Forfeiture**

**JUN 21 2006**

**12:18**

<b>SERVE</b> → <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  Robert L. Sheketoff, Esquire
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)  One McKinley Square, Boston, MA 02119

**U.S. DISTRICT COURT**  
**DISTRICT OF MASS.**

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Kristinia E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case
	Check for service on U.S.A.

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)**

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested.

**KAB x.3294**

Signature of Attorney or other Originator requesting service on behalf of :	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE May 30, 2006
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No.	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>May 1 May</i>	Date 6/8/06
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <i>6/15/06</i>	Time am pm
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
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**REMARKS:** 6/8/06 certified: 7002 0510 2004 3542 1158

6/2/06 Date of Delivery

(2)

PRIOR EDITIONS MAY BE USED

**1. CLERK OF THE COURT**

FORM USM 285 (Rev. 12/15/80)

USMS RECORD    NOTICE OF SERVICE    BILLING STATEMENT    ACKNOWLEDGMENT OF RECEIPT